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CONSTITUENT INFORMATION FORM

Name: _____

Address: _____
Street City Zip Code

Phone: _____ Birth date: _____

Social Security #: _____ VA Claim # _____

Brief Description of Problem: _____

Due to the Privacy Act of 1974, Federal and State Government Agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Congressman, to contact the proper officials in your behalf, discuss the matter, and receive any pertinent information.

Date: _____ Signature: _____